VICHARLES PLAY CENTRE

Special Dietary Requirements:	Details of any procedures prohibited for medical, religious or other reasons:
Is your child mobile?	If yes, when did they start to crawl/walk?

It is our policy to call parents if children receive an injury to their face or head whilst at nursery. Are there any other types of injuries you would like to be informed of?	
I understand that any carer who is concerned over the development of my child may seek advice from an outside agency and may actively seek reports from those agencies.	Signed: Name: Date:
I give my consent to my child receiving any medical treatment which is urgently necessary, except:	Signed: Name: Date:
I give my consent for staff to apply plasters to my child if needed.	Signed: Name: Date:
I accept that the staff cannot undertake the care of sick children (in particular those with infectious diseases such as diarrhoea and vomiting has a 48 hours incubation period and 24 hours after being prescribed antibiotics).	Signed: Name: Date:
I understand that any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to Children, Schools and Families or Social Services department.	Signed: Name: Date:
I understand and accept written observations will be made on my child as part of an on-going assessment as stated in the EYFS.	Signed: Name: Date:
Sometimes the nursery will take pictures and use it for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content. I OBJECT/DO NOT OBJECT to my child's image being used for this purpose.	Signed: Name: Date:
I understand that the children are taken for walks, visits etc. off the premises and I give my permission for my child to be included in such outings.	Signed: Name: Date:
I give my consent to allow staff to apply sun cream to my child should they feel the weather is appropriate.	Signed: Name: Date:
I have read, understood and accept the terms & conditions and agree to be bound by them.	Signed: Name: Date: